SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFHELD COUNTY, MISCONSIN

Date Stamp (Received)

APR 2 6 2017

Date: Permit #: Amount Paid: 1.88.H 4-87-17

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

Value at Time	⊠ Non-Shoreland	☐ Shorreland — ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section 13 , Township 43 N, Range 08 W	NW 1/4, 58 1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)		Authorized Agent: (Person Signing Application on behalf of Owner(s))	CONTRACTOR: FOR CONCRETE:	Address of Property: 43405 CABLE SUNSET ROAD	PATRICIA HOLLOWAY.	TYPE OF PERMIT REQUESTED—▶ □ LAND USE □ SA	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
		ike, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yescontinue	W CABLE) CSM Vol & Page	PIN: (23 digits) AX = 04-0/2-2-43-0	7887	Agent Phone:	Contractor Phone: 7.5.681.∞17	City/state/Zip:	Mailing Address: 125AD	☐ SANITARY ☐ PRIVY ☐ CONDITIONALUSE) APPLICANT.
		Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	n	Lot(s) No. Block(s) No.	PIN: (23 digits) AX 1 7 4 02 000 1/0000	ZN# 3413	Agent Mailing Address (include City/State/Zip):	Plumber:	WI 54821.	SMSET CHUISTATE/ZIP: CABLE WI SY82		
		# 	<u> </u>	Lot Size	Subdivision:		The state of the s	y/State/Zip):			54821	☐ SPECIAL USE ☐ B.O.A.	
		☐ Yes ☐ Yes ☐ No	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage (O · OCO		Recorded Document: (i.e. Property Ownership) Volume 771 Page(s) 763	Attached ☐ Yes ☐ No	Written Authorization	Plumber Phone:	28/-7/7-0659	Telephone:	O.A. OTHER	

Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	of bedrooms	What Type of Sewer/Sanitary System Is on the property?	e of y System perty?	Water
•	★New Construction	X 1-Story	Seasonal		☐ Municipal/City		□ City
	☐ Addition/Alteration	☐ 1-Story + Loft	X Year Round	□ 2	X (New) Sanitary Specify Type: Sefnに	y Type: Serne	XweⅡ
(0) (0) (0) (0)	☐ Conversion	☐ 2-Story		_ 3	☐ Sanitary (Exists) Specify Type:	fy Type:	\Box
	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ted (min 200 gallon)	***************************************
	☐ Run a Business on	□ No Basement		None None	☐ Portable (w/service contract)	tract)	
	Property	☐ Foundation			☐ Compost Toilet		
me 'm - pri	i i i i i i i i i i i i i i i i i i i				□ None		
Existing Structur	Existing Structure: (if permit being applied for is relevant to it)	ris relevant to it)	Length:		Width:	Height:	
Proposed Construction)			

				Square
Proposed Use	•	Proposed Structure	Dimensions	Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	(x)	
X Residential Use		with a Porch	(x)	
		with (2 nd) Porch	(×)	
		with a Deck	(x)	
		with (2 nd) Deck	(x)	
☐ Commercial Use		with Attached Garage	(×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)	(x)	
☐ Municipal Use	X	Accessory Building (specify) GALAG	(24 ×24)	5%
		Accessory Building Addition/Alteration (specify)	× ,	
Pec'd for lesuance	9			
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(X)	
A		Other: (explain)	×	
Marin Charle		A STATE OF THE STA		

I (we) declare that this application (I am (are) responsible for the detail a may be a result of Baytlett County above described prompt) at any real Authorized Agent: Owner(s):/2 (If there are Multiple URE TO OBTAIN A PERANIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES companying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) information I (we) am Jare) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which information I (we) am Jare) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the or letter(s) of authorization must accompany this application) Date 04/24/2017

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Address to send permit 43405 O扱ほ Sいなど たんの Cおのこれ いってない

Hold For Sanitary: Granted by Variance (B.O.A.) ∪ Yes ⊶No Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line Signature of Inspector: Date of Inspection: Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed comer to the other previously surveyed comer, or verifiable by the Department by use of a corrected compass from a known comer within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Inspection Record: Issuance Information (County Use Only) Setback from the East Lot Line Is Parcel in Common Ownership
Is Structure Non-Conforming Permit Denied (Date): Setback from the Established Right-of-Way Was Parcel Legally Created Was Proposed Building Site Delineated Setback from the Centerline of Platted Road Please is Parcel a Sub-Standard Lot ition(s):Town, Committee or Boa id whit y complete (1) - (7) above (prior to continuing) (1) (2) (3) (5) (5) (5) 1.00% (8) (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Show Location of: Show / Indicate: Show any (*): Show any (*): Show: Show: Show Location of (*): Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits. Draw or Sketch your Property (regardless of what you are applying for) 4107 474 0 e or Board Conditions Attached? 8 W. ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguou
☐ Yes Hold For TBA: Z May 1 Compliant or EYes □ No o E (Fused/Contiguous Lot(s)) Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% 2 엉 705 222 Inspected by: Robert Sanitary Number: Permit Date: Reason for Denial: B S Z してよるから House Yes XXIIo CARRE Hold For Affidavit: 2 8 8 8 8 8 Feet Feet Feet Feet Feet Feet -(If No they need to be attached.) 50 PORCH T4: 11% 7 Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.)

| Yes | 4 No Were Property Lines Represented by Owner
Was Property Surveyed 20% Slope Area on property
Elevation of Floodplain Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback to Well Setback from Wetland ンけんのでき Present Changes in plans must be approved by the Planning & Zoning Dept. Proposed New Corage Existino Hold For Fees: CABLE SUNSET ROAD. □ Yes Description Г С Profession of the second 35 be visible from one Affidavit Required Affidavit Attached Lakes Classification Zoning District ☐ Yes WYes Sanitary Date: Date of Re-Inspection: Date of Approval: 24×24×8 ⊟Yes 60 11/14 ት የ Yes とった N NO TAN S 8 S Feet Feet Feet

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, Wi 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) APR 262017 G32... UU

Refund: Date: Permit #: Amount Paid: TO THE PERSON NAMED IN COLUMN TO THE 7,00%

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Zoning Dep

Contractor:
Hill Construction
Authorized Agent: (Person Signing Application on behalf Owner's Name 42165 Cable Sunset RD PROJECT LOCATION Andrew L Schwartz SE OF PERMIT REQUESTED-→ _1/4, SE Legal Description: 1/4 W LAND USE Use Tax State Gov't Lot Owner(s)) Lot(s) SANITARY Contractor Phone: 715-201-8299 3234 S Springfield Ave Tax ID# (4-5 digits) Agent Phone: 9597 CSM Cable/ WI/54821 1060/.414 Vol & Page Plumber: Agent Mailing Address (include City/State/Zip) CONDITIONAL USE
City/State/Zip: Lat(s) Na. Milwaukee /WI/53207 À Block(s) No. SPECIAL USE Document #: Subdivision: :orded Deed (i.e 2011 B.O.A. Written Authorization
Attached
Q yes ☐ Yes ☐ No assigned by Register of Deeds Plumber Phone: Cell Phone: Telephor 414-793-6098 20 OTHER 537940 1060-414

<i>.</i>		1	
✓ Non-Shoreland	Shoreland	4427407-127-1007-11	Section 22
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶ Creek or Landward side of Floodplain?	Section 22 , Township 43 N, Range 08 W Cable
	Distance Structure is from Shoreline :	Distance Structure is from Shoreline :	Lot Size
	□ Yes □ No	Is Property in Floodplain Zone?	Acreago 5.0
	☐ Yes	Are Wetlands Present?	ge

Lot Size

				→ 88000	7		Value at Time of Completion * include donated time & material
	Property	☐ Run a Business on	☐ Relocate (existing bldg)	Conversion	✓ Addition/Alteration	☐ New Construction	Project
	□ Foundation	○ No Basement	✓ Basement	☐ 2-Story	☐ 1-Story + Loft ☐ Year Round	√ 1-Story	# of Stories and/or basement
					ĺ	☑ Seasonal	Use
		♥ None		□ 3	□ 2	□ 1	# of bedrooms
□ None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
	•				√well	ा City	Water

E C	Length: 3	b Width: 30	Height, 18
Proposed Construction:	Length: '	28 Width: 41	Height: 11

		Ļ	PERSONAL PROPERTY OF THE PARTY
	(X)	Other: (explain)	Secretarial Staff
	×	Conditional Use: (explain)	
	(x)	Special Use: (explain)	3 2831
	No.		5600-612-411
	×	Accessory Building Addition/Alteration (specify)	Hec'd for Issuance In
	×	Accessory Building (specify)	□ Winnicipal Use
160	(16 × 10)	Addition/Alteration (specify) Addition with Decktsoreen porch	
	×	Wobile Home (manufactured date)	
	×	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	
	×	with Attached Garage	☐ Commercial Use
	(x	with (2 nd) Deck	
492	(12 X 41)	with a Deck	
	(x)	with (2 nd) Porch	
	×	with a Porch	✓ Residential Use
	(x	with Loft	
	(x)	Residence (i.e. cabin, hunting shack, etc.)	
	(x	Principal Structure (first structure on property)	
Square Footage	Dimensions	Proposed Structure	Proposed Use
	The state of the s		

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the bass of my (our) knowledge and belief it is true, correct and complete. I (we) are finished any finished accuracy of all information I (we) arm (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) arm (are) providing in or with this application. I (we) consent to county difficials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

eed All Owners must sign or letter(s) of authorization must accompany this application)

Owner(s):

Address to send permit

15988 US Hwy 63 Hayward, WI 54843

Date 1-55-h

Attach

Copy of Tax Statement

Copy of Tax Statement

Fyou recently purchased the property send your Recorded Deed

Property (regardless of what you are applying for)

- Show Location of:
 Show / Indicate:
 Show Location of (*):
 Show:
- (1) (2) (3) (5) (6) (7)

 - Show:
- Show any (*): Show any (*):

- Proposed Construction

 North (N) on Piot Plan

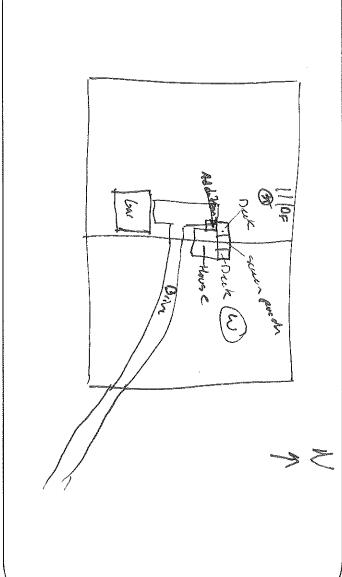
 (*) Driveway and (*) Frontage Road (Name Frontage Road)

 All Existing Structures on your Property

 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

 (*) Wetlands; or (*) Slopes over 20%



Please complete (1) -- (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	*	Description	Measuremen	nt
	*			; *	
Setback from the Centerline of Platted Road	650	Feet	Setback from the Lake (ordinary high-water mark)	ş	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	Q Q	Feet
			Setback from the Bank or Bluff	\$ 5	Feet
Setback from the North Lot Line	260	Feet			
Setback from the South Lot Line	354	Feet	Setback from Wetland	24	Feet
Setback from the West Lot Line	300	Feet	20% Slope Area on property	□ Yes 🖺	X o
Setback from the East Lot Line	316	Feet	Elevation of Floodplain	10 14	Feet
Setback to Septic Tank or Holding Tank	20	Feet	Setback to Well	30	Feet
Setback to Drain Field	50	Feet			
Sathack to Prive (Portable Composting)		T P P			

Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prien to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code.

			Hold For Fees; []	davīt: 🗆 📗	Hold For Affidavit:	Hold For TBA: []	Hold For Sanitary:
ے 4	1 2 Hz	Date of Approval 4			と	XXX	Signature of Inspector:
í	<u> </u>) ,	121	\bigcirc
				٠	is respired.	P078/7	1 CPP
	a a	7	Cast Conditions Attached? Yes No-(If Ng they need to be attached.)	No they need to be att.	uz // ivy / Cadc	Board Conditions Att	Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.)
	Ď.	Date of Re-Inspection	۶ ۲ -	さいかいた	Inspected by P. B. A Schickmen	J.	Date of Inspection: 、ロレスコート
	Bezzasi	Lakes Classification	G PENNIX.	TO ISSUE I	と こ の で	Comment to	to identify Code Complent location OR to issue I've permit
	707	Zoning District	and contain	Pa Day	ひだち ロールマン	West of	Inspection Record Caldition Merchad With Orange Plu Mays
	 	Tes	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Lin	With the state of	eated Syres I No	Was Parcel Legally Created Was Proposed Building Site Delineated
		* 2	y variance (b.O.A.) Case #:	Tes 340	F	Case #: \wedge A	Yes Vio Ca
	Tes E-No	Affidavit Attached		Mitigation Attached		○ Yes	Is Structure Non-Conforming
			S/2/	Mitigation Required	d) Prior	Yes (Deed of Record)	Is Parcel in Common Ownershin
				4-88-17	Permit Date: 4-8		Permit #: 17-0086
					Reason for Denial:		Permit Denied (Date):
	Date: 5/6/2010	Sanitary Date:/	# of bedrooms: 🟒	10-2-2-ps	Sanitary Number: / (ty Use Only)	Issuance Information (County Use Only)